

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CLIENT MOVEMENT REPORT
TANF/GA

USTF PROJECT CODE:

REPORTING QUARTER: (CHECK ONE):

NAME OF AGENCY:

JULY 1 TO SEPTEMBER 30 1 ☐

NAME OF PROGRAM:

OCTOBER 1 TO DECEMBER 31 2 ☐

PERSON COMPLETING FORM/PHONE #:

JANUARY 1 TO MARCH 31 3 ☐

DATE SUBMITTED:

APRIL 1 TO JUNE 30 4 ☐

CHECK AGENCY REPORTING QUARTER:

1 ☐

2 ☐

3 ☐

4 ☐

1.

2.

3.

4.

5.

6.

**Beginning
Active
Caseload
(First Day of
Qtr.)**

**New
Enrollees
to Program
Element
During Qtr.**

**Transfers
to Program
Element
During Qtr.**

**Transfers
From
Program
Element
During Qtr.**

**Terminations
From
Program
Element
During Qtr.**

**Ending
Active
Caseload
(Last Day
of Qtr.)**

TARGET GROUPS

**7. Number of Target Group
Members:**

**NEW
ENROLLEES**

TRANSFERS

7A.

Clients who were Discharged from State Hospitals and Enrolled in this Program Within 30 Days of Discharge.

7B.

Clients who were Discharged from County Hospitals and Enrolled in this Program Within 30 Days of Discharge.

7C.

Clients who were Discharged from a Short-Term Care Facility/Involuntary Psychiatric Unit and Enrolled in this Program Within 30 Days of Discharge.

7D.

Clients who were Discharged from another Hospital and Enrolled in this Program Within 30 Days of Discharge.

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1. Of the Ending Caseload how many individuals are:

A. Medicaid/Familycare enrolled
 (1A. + 1B. must equal ending caseload)

B. Non-Medicaid/Familycare enrolled

TANF GA (circle one)

2. Number of Consumers Served with an Active DYFS Case

Individual

Group

3. Number of Face-to-Face Contacts On-Site

4. Number of Face-to-Face Contacts Off-Site

5. Number of Face-to-Face Contacts with Consumer's Family

6. Number of Face-to-Face Contacts on Behalf of Consumer

7. Aggregate Number of Telephone Hours

8. Number of Consumers Linked to Own Mental Health Agency

9. Number Linked to Mental Health Agency Not Your Own

10. Number of Consumers Linked to Non-Mental Health Providers

11. Number of Consumers Placed into Integrated Employment Settings

12. Number of Consumers Placed Again

13. Number of Consumers Assisted into Educational/Training Opportunities

14. Number of Hours of Pre-Placement Preparation Provided

15. Number of Hours of On-Site Job Coaching Provided

16. Number of Hours of Off-Site Employment Related Provided

17. Of the Total Individual Case Management Contacts (3 through 6 above) how many were provided to individuals who are:

A. Medicaid/Family care enrolled
 (17A. + 17B. must equal Total Individual Contacts)

B. Non-Medicaid/Familycare enrolled

18. Of the Total Group Case Management (3 through 6 above) how many were provided to individuals who are:

A. Medicaid/Familycare enrolled
 (18A. + 18B. must equal Total Group Contacts)

B. Non-Medicaid/Familycare enrolled

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19. Of the Total **Individual** Supportive Employment Hours 14 through 16 above) how many are:

A. Medicaid/Family care enrolled

B. Non-Medicaid/Family care enrolled

(19A. + 19B. must equal Total Individual SE hours)

20. Of the Total **Group** Supportive Employment Hours 14 through 16 above) how many are:

A. Medicaid/Family care enrolled

B. Non-Medicaid/Family care enrolled

(20A. + 20B. must equal Total Group SE hours)

TANF/GA SERVICES

BEGINNING ACTIVE CASELOAD: Consist of clients who have had at least one face-to-face contact with your agency in the last 90 days and were active on the last of the previous quarter. **The Beginning Caseload is equal to the Ending Caseload of the previous reporting quarter.**

NEW ENROLLEES: Clients who were newly enrolled in your agency during the reporting quarter and were enrolled in this program element prior to enrollment in any other program element within your agency.

TRANSFERS TO: Refers to clients who are already registered within your agency in another program element, and are being transferred to this program element service.

TRANSFERS FROM: Refers to clients who are registered within your agency in this program element, but for whom this program has ceased to provide services on an ongoing basis and for whom another program element of your agency is going to provide services on an ongoing basis.

TERMINATIONS: Clients who are no longer receiving services at your agency.

ENDING ACTIVE CASELOAD: Is the active caseload on the last day of the reporting quarter. It is calculated in the following manner: **Add #1** (Beginning Active Caseload) **plus #2** (New Enrollees) **plus #3** (Transfers To). **Subtract #4** (Transfers From) and **#5** (Terminations) = **Ending Caseload #6.**

DUPLICATED COUNTY OF TARGET GROUP MEMBERS AMONG “NEW ENROLLEES” AND “TRANSFERS TO”: Refers to the count of clients who entered this program element within 30 days of their discharge from the hospital. The definitions of “New Enrollees” and “Transfers To” are the same as stated above. Therefore, the number of “New Enrollees” or Transfers To” indicated in categories 7A, 7B, 7C, and 7D, should be the same or less than the number indicated in items #2 and #3 of this form.

- 7A. STATE HOSPITAL:** Refers to the states six psychiatric hospitals located in New Jersey only: Greystone Park, Trenton, Ancora, Arthur Brisbane, Hagedorn, and Ann Klein.
- 7B. COUNTY HOSPITALS:** Refers to the six county hospitals located in New Jersey only: Essex, Burlington, Camden, Hudson, Bergen, and Union.
- 7C. SHORT-TERM CARE FACILITIES:** Refers to inpatient, community-base mental health treatment facilities that provide acute care and assessment services to the mentally ill. The Commissioner, Department of Human Services must designate the facility.
- 7D. OTHER HOSPITAL:** Refers to any psychiatric hospital or psychiatric unit within a hospital that is not a State, County or STCF Hospital in New Jersey; include as “Other” any Facility located outside of New Jersey.

FACE-TO-FACE CONTACTS: Refers to direct contact with or on behalf of the consumers for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If one staff member serves between two and six clients simultaneously, count as one group contact per client (group contacts of seven or more clients are not reportable). Travel time is to be excluded from overall contact time.